

## INSTITUTIONAL/ORGANIZATIONAL DISABLED PARKING PLACARD APPLICATION

For Passenger Cars and Pickup/Panel Trucks Only

**Purpose:** Use this form to apply for institutional or organizational disabled parking placards.

**Instructions:** Complete the appropriate information below. Return the form to the Department of Motor Vehicles, Medical Review Services, Post Office Box 85815, Richmond, Virginia 23269-0001. The placard(s) for your institution or organization will be mailed to you within 15 days.

DMV USE ONLY	
Log Number	

APPLICANT INFORMATION		
INSTITUTION/ORGANIZATION NAME		FEDERAL IDENTIFICATION NUMBER
CURRENT MAILING ADDRESS <input type="checkbox"/> Check here if this is a new address. (Note: DMV must have your current mailing address.)		TELEPHONE NUMBER (       )
CITY	STATE	ZIP CODE

PLACARD INFORMATION	
NUMBER OF PLACARDS REQUESTED	The institution or organization must be a non-profit entity. Businesses that directly or indirectly charge disabled individuals a fee are not eligible. No medical certification is needed.

CERTIFICATION		
As an authorized representative of the above institution/organization, I understand that it is unlawful to knowingly make a false statement on this application and that such a violation will be punished as a Class 2 misdemeanor. I certify that I am aware of the penalties for violating the disabled parking placard laws, and I understand that misusing or allowing the misuse of the placard(s) issued to this institution/organization can result in revocation of the placard(s). I also certify that the disabled placard(s) issued to the above institution/organization will be used only when transporting disabled persons.		
AUTHORIZED REPRESENTATIVE'S NAME	AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY		
PLACARD NUMBER	ISSUE DATE (mm/dd/yyyy)	ISSUED BY (Print Dmv Representative's Name)